POSTAL / FAX - ORDER FORM.

To: Tom Osborne *ABN. 36 703 519 719.*
P.O. Box 6020
Coffs Harbour Plaza. NSW. 2450. Australia.

Domestic Tel: (02) 6651.6060
Domestic Fax: (02) 6651.6080
International Tel: +61 2 6651.6060
International Fax: +61 2 6651 6080

Dear Sir, *Date*_____

Please forward the following items from your catalogue. ***All prices are inclusive of GST.***

QUANTITY	YEAR	BRIEF DESCRIPTION.	MUH	M/H	F.U.	PRICE	TOTAL.

Post & Insurance WITHIN AUSTRALIA UNDER $100 ADD $5. ORDERS OVER $100 Post Free..
OVERSEAS ORDERS -- Insured post & Airmail (At cost price) .....

TOTAL AMOUNT OF ORDER.....

Please complete all details below.

PAYMENT DETAILS; ( ) Cheque ( ) Money Order ( ) Mastercard. ( ) Visacard.

Credit Card Number: _____._____._____._____ Expiry Date _____/_____

NAME (Please Print) _____ Signature:_____

(Please print name exactly as it appears on credit card.) Last 3 digits on reverse of card_____

Telephone No. (Home) ( ) _____ Business ( ) _____

Fax Number: (Home) ( ) _____ Business ( ) _____

Postal Address:_____

Residential Adddress:_____

Email address_____

Note: The first initial client order will only be sent to a residential address.
Overseas personal cheques will not be accepted.
All orders are insured through Austraila Post & in the unlikely event of any insurance claim, settlement will be determined by Aust. Post under the conditions of their insurance cover.

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QUANTITY	YEAR	BRIEF DESCRIPTION.	MUH	M/H	F.U.	PRICE	TOTAL.
		Balance forward.....					
TOTAL OF ORDER.....							

NOTES: